



UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
National Marine Fisheries Service
Northeast Fisheries Science Center
166 Water Street
Woods Hole, MA 02543
ATTN: Ms. Janeen Quintal

REQUEST FOR VERIFICATION OF STUDENT STATUS

TO: Office of Registrar

FROM: STUDENT'S NAME _____ SSN: _____

I authorize you to release information to the addressee shown above.

SIGNATURE: _____ DATE: _____

PLEASE FURNISH THE FOLLOWING INFORMATION ON THE STUDENT IDENTIFIED ABOVE:

1. ☐ Currently enrolled as a full-time student
☐ Currently enrolled as a half-time student
☐ Currently enrolled as more than a half-time student
☐ Accepted for enrollment as a full-time student
☐ Accepted for enrollment as a half-time student
☐ Not currently enrolled

NOTE: Half-time is whatever the school's definition of "half-time" is OR one half of the number of hours the school required to be considered a full-time student. (Example: If a school requires 12 hours to be full-time, then half-time would be 6 hours.)

2. ENROLLED FOR:
☐ Number of semester hours for current semester, or
☐ Number of quarter hours for current quarter.

3. IS STUDENT MAINTAINING AN ACCEPTABLE SCHOOL STANDING?

☐ YES ☐ NO ☐ NEW STUDENT

INFORMATION PROVIDED BY: _____

Please indicate Organization _____
and Position Title _____

